STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953279	R 08/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF PUNTA GORDA (THE)	**2295 SHREVE STREET PUNTA GORDA, FL 33950**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted on at Palms of Punta Gorda, an assisted living facility (license number 8469) in Punta Gorda, Florida.

This was a follow up to the Biennial survey completed on .

The following is a description of the deficiency found at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on a review of 2 staff who had completed their 30 days employment prior to the current survey, of a total of 5 staff members, the facility failed to ensure 1 staff member (Staff K) did not receive the required training.

The findings included:

Staff K was employed on as a caregiver. Review of the personnel file for this staff member revealed there was no documentation indicating the staff member had received elopement training; reporting major incidents/emergency preparedness training; resident rights and ; neglect and training; training; or extended congregate living training.

On at 11:30 a.m., the Administrator said this training is done during orientation, and this person did not come to orientation.

Class III